



Ministry  
of Justice

The Right Honourable  
**Robert Buckland QC MP**  
Lord Chancellor & Secretary of  
State for Justice

Juliet Lyon CBE  
Independent Advisory Panel on Deaths in Custody  
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**MoJ ref:** ADR 86305

12 April 2021

Dear Juliet,

### **COVID-19 VACCINATIONS FOR CLOSED INSTITUTIONS**

Thank you for your letter of 15 March providing advice from the Independent Advisory Panel on Deaths in Custody (IAPDC) in relation to the vaccination roll out policy for those in prison custody and other general prisoner and staff welfare matters. I am grateful for the work you and the IAPD do to help prevent the tragedy of deaths in custody.

The primary concern in your letter is around vaccinations, and I am glad that, having discussed this issue among a range of others in meetings with Alex Chalk and Phil Copple, and having heard from Eamonn O'Moore from Public Health England at the recent Advisory Forum, you are feeling more reassured about how we are vaccinating prison staff and residents. I can confirm that the rollout of vaccines to eligible prisoners during this first phase is progressing well and we are now vaccinating those prisoners in priority groups 7-9, in line with the community. Whilst I note your arguments about a 'whole prison' approach, as you know the prioritisation of vaccinations has been guided across Government based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI). Both staff and prisoners are receiving the vaccine in the same order of priority that has been set out for the wider community, based on age and clinical vulnerability.

The JCVI has considered the evidence around vaccination within prison settings, and these considerations formed the basis of their interim advice to the Secretary of State for Health and Social Care, published on 11th March. In this advice, the JCVI states that, in general, members of prison staff are not considered to have the same risk of exposure to COVID-19 as health and social care workers. In addition, the JCVI concluded that *"it would be difficult to advise additional prioritisation of detainees above the wider population based on the potential increased risk of exposure in a detained setting alone"*. I am pleased, though, that the JCVI has recommended offering unused vaccines to prison officers, to minimise wastage.

The government has committed to continuing to follow the JCVI advice and will implement these recommendations. We also stand ready to swiftly adapt our approach, if the JCVI makes further recommendations based on new evidence.

I note your comments around the management of prisoners and staff in close contact situations. Our policies in this regard have, however, proven successful in limiting the spread of the virus in prisons, and in keeping staff and prisoners safe. Of particular importance is our compartmentalisation strategy and we continue to isolate the sick, shield the vulnerable and quarantine new arrivals. This has afforded the most effective protection against the importation of the virus into custody, minimised the risk to life and allowed staff to continue to deliver adapted prison regimes.

In terms of prisoners' location inside establishments, our Protective Isolation policy, recently updated in December, recommends that COVID-19 positive and/or symptomatic prisoners are isolated in their existing cell or to a dedicated Protective Isolation Unit (PIU). Protective isolation is designed to isolate prisoners who are symptomatic for a minimum period of 10 days and until it can be verified that they are symptom-free. Routine staff testing is now also live at all sites, as is testing for prisoners on reception and transfer from the courts and other establishments. This has helped us to identify and isolate positive cases as they arrive in the prison, to protect the wider population and to offer them appropriate care.

We are also following the public health advice on the use of medical face masks, and other items of PPE, where close contact is sustained, essential and unavoidable such as searching, escorts, delivering meals, working in an office where you cannot maintain social distancing, prison visits and working with someone who is symptomatic.

In terms of your suggestion of a link between prison and wider community outbreaks there is no evidence that we are aware of to suggest this is happening. Prison outbreaks are being driven by high community cases rather than the opposite. The routine testing in prisons means that prisoners and prison staff are more likely to be identified as having Covid-19 than the general population, but it does not mean they are more likely to have it. Where we respond to outbreaks with mass testing, this identifies many people who are asymptomatic and not aware of having the virus. Transmission in prisons is from the community and our main risk is staff bringing infection into the prison. As prisons are part of the community, with staff entering and leaving continually, it was inevitable that the rate of infection and deaths would increase when community incidence rates rose early this year.

I agree that the regime restrictions we currently have in place, whilst absolutely necessary to limit the spread of the virus and save lives, have posed additional challenges to those in our care, as well as to our staff, whose hard work and tireless dedication at this difficult time has been highly admirable. You refer to the recent findings of HM Inspectorate of Prison and, as the report recognises, the action we've taken and the hard-work and dedication of frontline staff has significantly limited the spread of the virus, saved lives and protected the NHS. We know these necessary measures have come at a cost, so we continue to support prisoners with their wellbeing and rehabilitation through vital family contact, education, work and exercise. We are considering the report's findings carefully as we continue to work hard to protect the lives of staff and prisoners and cut crime.

Finally, you are right about the importance of learning from our experience of running prisons during the pandemic. I hope you are, therefore, reassured that throughout the pandemic HMPPS has been capturing and sharing lessons learned. We have been listening to diverse perspectives and have paid attention to the challenges for staff and prisoners, alongside the many examples of positive practice and efforts to do the best for them in very difficult circumstances. We have also undertaken a review of learning from prisoners in our care to understand their experiences. Learning lessons is an ongoing process and we continue to gather and share a range of information, including feedback from scrutiny bodies, staff, those in our care and the voluntary sector. We are using this learning to inform our recovery and longer-term reform.

I hope this reply proves useful to you and your colleagues at the IAPDC.

Yours sincerely

*Robert Buckland*

**RT HON ROBERT BUCKLAND QC MP**